



# DVHA

## Pharmacy Newsletter

### News and Updates

December 2015

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#### Pharmacist-Administered Influenza Vaccinations 2015-2016 Season

The 2015-2016 Influenza (Flu) season is underway. DVHA-enrolled pharmacies may be reimbursed for injectable influenza vaccinations administered by pharmacists to adults 19 years and older who are enrolled in Vermont’s publicly funded programs. Pharmacists must be certified to administer vaccines in the state of Vermont and must be in compliance with all Vermont laws governing vaccine administration. Failure to comply with all Vermont immunization regulations will subject these claims to recoupment.

##### Covered Services:

- ✓ Fluzone® (Trivalent, Quadrivalent, Intradermal, high-dose)
- ✓ Fluarix® (Quadrivalent)
- ✓ FluLaval® (Quadrivalent)
- ✓ Fluvirin® (Trivalent)
- ✓ Afluria® (Trivalent)

Children age 6 months through 18 years presenting for flu vaccination at pharmacies should be referred to their health care provider for State-supplied vaccines.

**Reimbursement and billing:** Pharmacies are reimbursed for the ingredient cost of the vaccine as well as the administration fee. No dispensing fee is paid for these claims. Reimbursement will be based on either a written prescription or a non-patient specific written protocol based on a collaborative practice agreement per state law. These orders must be kept on file at the pharmacy.

Through the pharmacy POS system the pharmacy must submit the code “MA” in the Professional Service Code field for the influenza vaccine claim in order to receive full reimbursement. Please note there will be NO beneficiary copay for influenza vaccine.

Required NCPDP Fields		
NCPDP Field Number	NCPDP Field Description	Required Code
44Ø-E5	Professional Service Code	MA
4Ø7-D7	Product/Service ID	NDC for Flu Vaccine

For questions regarding this benefit, please contact GHS Help Desk at 1-844-679-5362. Vermont providers can also send inquiries via email to [vthelpdesk@ghsinc.com](mailto:vthelpdesk@ghsinc.com).

## “IMPORTANT NOTICE”

The Department of Vermont Health Access (DVHA) and Goold Health Systems (GHS) would like to inform pharmacy providers of a change in the Pharmacy Point of Sale System. As of 10/14/2015, Vermont Medicaid will allow the use of Submission Clarification code “05” indicating a therapy change from the current dosing for Medicaid and Dr Dynasaur members only. Use of this code will override claims rejecting for 79 Refill Too Soon when there is an **increase** in dosage.

When submitting a claim with a Submission Clarification code of “05”, the dosage of the current claim that is rejecting for Refill Too Soon **must be greater** than the dosage of the previous claim on file that is causing this rejection. The dosage is calculated using both the quantity and day supply fields; either the days’ supply must be decreased or the quantity must be increased.

The following messaging will be returned if the clarification code is used and quantity or days’ supply does not meet calculated requirements.

SCC = 05 will not override Refill Too Soon if the original quantity is not used up; adjudication logic evaluates the last refill and calculates if the member has used up the previous fill based on the dosage increase.

- **Claims will reject for 79 REFILL TOO SOON: ORIG QTY NOT USED UP: RX, DOS, NPI (shows previous claim information).**

SCC = 05 will not override Refill Too Soon if there is no increase in dosage.

- **Claims will reject for 79 REFILL TOO SOON: DOSAGE NOT INCREASED: RX, DOS, NPI (shows previous claim information).**

**SCC = 05 cannot be used for controlled substances: C-II, C-III, C-IV or C-V**

**ff** Please note that rarely the claim may reject for “PA required” if the new higher dose exceeds a dose threshold for prior authorization.

The following information is updated on the Vermont Medicaid NCPDP D.0 Payer Sheet.

NCPDP field 420-DK: Submission Clarification Code

420-DK	SUBMISSION CLARIFICATION CODE	02=LTC 1 day supply 05= Therapy Change 08=Process Compound for Approved Ingredients	RW	<i>Imp Guide:</i> Required if clarification is needed and value submitted is greater than zero (0).  05 = The pharmacist is indicating that the physician has determined that a change in therapy was required; either that the medication was used faster than expected, or a different dosage form is needed, etc.  08 = Payer Requirement: Required when provider will accept payment on one or more, but not necessarily all, ingredients of a multi-ingredient compound and consider payment received as payment in full for the prescribed products.
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**The Submission Clarification code of 05 is not available to override 79 Refill Too Soon rejections for the following claim types: Medicare Part D, Healthy Vermonter, General Assistance or VMAP**

- **Claims will reject for 34 M/I SUBMISSION CLARIFICATION CODE: Code 05 not valid for RTS.**

If you have any processing questions please feel free to call the GHS Helpdesk for assistance at 1-844-679-5362.

## Medicare Enrollment Tips – Members Who Change Primary Insurance

Member Enrollment Assistance: Beneficiaries with questions about their Medicare part D prescription drug plans options may be directed to the following:

- Call Medicare at 1-800-633-4227; or go to <http://www.medicare.gov/>; or
- Call the State Health Insurance Assistance Program (SHIP) Senior Help Line at 1-800-642-5119

To compare plans, go to <https://www.medicare.gov/find-a-plan/questions/home.aspx> and enter the beneficiary's zip code.

### **Medicare/Medicaid Eligible without a Part D Plan** **Point-of-Sale Facilitated Enrollment (POS FE) Process & Limited Income** **Newly Eligible Transition Program (LI NET):**

The POS FE process was designed to ensure that individuals with both Medicare and Medicaid, "dual eligible," who are not enrolled in a Medicare Part D prescription drug plan, and do not have other insurance that is considered creditable coverage, are still able to obtain immediate prescription drug coverage when evidence of Medicare and Medicaid eligibility are presented at the pharmacy. Other individuals who qualify for the Part D low-income subsidy (LIS) are also able to use the POS FE process. To ensure coverage and allow for billing to a Medicare part D Plan, follow these steps:

Step 1: Submit an E1 Transaction to the TROOP Facilitator. Note: If you are uncertain about how to submit an E1 or enhanced E1 query, please contact your software vendor. If the E1 query returns a BIN/PCN indicating the patient has current drug plan coverage, **do NOT submit a claim to the POS FE process.** If the E1 query returns a help desk telephone number, this indicates the individual has been enrolled but the Rx data is not yet available. Please contact that plan for the proper Rx data. If the E1 query does not return a BIN/PCN indicating the individual has current drug plan coverage go to Step 2.

Step 2: BIN/PCN to submit claims for the 2012 Limited Income Newly Eligible Transition (LINET) Program:

BIN: 015599

PCN: 05440000

ID Number: Medicare HIC Number

Group Number: May be left blank

More information on the LI Net program is available online at <https://www.cms.gov/Medicare/Eligibility-and-Enrollment/LowIncSubMedicarePresCov/MedicareLimitedIncomeNET.html> or by calling the LI NET Help Desk at 1-800-783-1307

**Part D Low Income Subsidy Copayments:** Medicare Part D Low Income Subsidy (LIS) copayments in 2016 will have a maximum amount of \$7.40. Beneficiaries who have been found eligible for the Low Income Subsidy (LIS) at Level 1 will have a Medicare Part D copayment ranging from \$2.95 - \$7.40, and those at Level 2 will have a Medicare Part D copayment ranging from \$1.20 - \$3.60.

## **DUR Board Members**

### **“Comings and Goings”**

#### **Departing DUR Board Members**

We would like to take this opportunity to thank three Board members whose four year terms have come to an end. Thank you to Joe Lasek, M.D., Jay Batra, M.D., and Mark Pasanen, M.D. All three of you have been outstanding contributors to the Board and we are grateful for your service over the past four years.

#### **New DUR Board Members**

We are pleased to announce Zail Berry, M.D., and Patricia King, M.D., as our newest Board members.

Dr. Berry completed her B.A. at the University of California; Revelle College in San Diego, CA in Biochemistry and Cell Biology, her M.P.H at George Washington University Medical Center in Washington, DC and her M.D. at the University of California School of Medicine in San Francisco, CA. She holds board certifications in Internal Medicine, Internal Medicine Added Qualification in Geriatric Medicine and Hospice and Palliative Medicine. Dr. Berry is currently an attending physician in Primary Care Internal Medicine at the University of Vermont Medical Center, associate professor at the Department of Medicine, University of Vermont Medical Center and Medical Director at Birchwood Terrace Health Care in Burlington, VT.

Dr. King completed her B.A., & M.A. in Zoology at Miami University in Miami, FL; her Ph.D. in Physiology at Brown University in Providence, RI; and her M.D. at the University of Vermont College of Medicine. She is an internal medicine physician in Adult Primary Care at the University of Vermont Medical Center and associate professor at the University of Vermont Medical Center. Dr. King recently completed 12 years of service on the Vermont State Board of Medical Practice.

DVHA is seeking two additional physician members at this time. If you are interested or know someone who is interested, please email Nancy Hogue at [nancy.hogue@vermont.gov](mailto:nancy.hogue@vermont.gov).

## **“New Arrival in 2016”**

### **Pharmacy and Prescriber Provider Portal**

The provider portal will give Vermont prescribers and pharmacists access to a secure, web-based application that offers a variety of tools and resources to support accurate and safe prescribing and dispensing of medications for Vermont Medicaid and VPHARM members. The patient-centered pharmacy-based provider portal will have functionality tailored to the needs of Vermont prescribers and pharmacists.

Some capabilities that will be offered are electronic prior authorization (PA) submissions; status updates for submitted PA requests; drug look-up; and member /pharmacy look-up capabilities. The portal is scheduled to be released in the early Spring of 2016. Notifications will be going out to all providers with more detailed information over the next few months. In addition, DVHA will be scheduling training sessions for interested providers and office staff as we approach the launch date.

Prescribers and pharmacies interested in learning how they can sign up for the provider portal or have any questions can contact the GHS Help Desk at 1-844-679-5362. Vermont providers can also send inquiries via email to [vthelpdesk@ghsinc.com](mailto:vthelpdesk@ghsinc.com).

## **State Maximum Allowable Cost Provider Reminder**

Effective July 1, 2015, Title 18 of the Vermont Statutes requires pharmacy benefit managers to make available the maximum allowable cost (MAC) listing in a readily accessible format. This communication is a reminder to pharmacy providers that the Vermont MAC list has been and is currently available on the DVHA pharmacy provider website page <http://dvha.vermont.gov/for-providers/pharmacy>.

Pharmacy providers who wish to appeal reimbursement on a prescription reimbursed below cost should use the Below Cost Research Request Form found at <http://dvha.vermont.gov/for-providers/2vermont-smac-research-request-form.pdf>.

Appeals must be received within 10 calendar days of the claim adjudication date to Goold Health Systems (GHS). Please follow the instructions listed on the request form. Inquires will be responded to within 10 calendar days of receipt of a timely appeal request. Any questions please contact GHS Pharmacy Helpdesk at 844-679-5362.

## **Methylphenidate ER Reminder**

In September 2015, The Drug Utilization Review (DUR) Board approved moving to a more cost effective authorized generic for Concerta<sup>®</sup>. Methylphenidate SA OSM IR/ER, 22.78%, which has been listed on the Preferred Drug List (PDL), is available as an authorized generic and non-authorized generic.

Methylphenidate SA OSM IR/ER, 22.78%, manufactured by Actavis (labeler 00591) is now the preferred authorized generic for Concerta<sup>®</sup>.

If you have any questions related to this change in benefit coverage, please feel free to contact GHS Help Desk at 1-844-679-5362. Vermont providers can also send inquiries via email to [vthelpdesk@ghsinc.com](mailto:vthelpdesk@ghsinc.com).

## **Preferred Drug List (PDL) & Clinical Criteria**

The PDL Drugs Requiring Prior Authorization (PA) including Clinical Criteria has been updated effective 10/16/2015 and can be found at <http://dvha.vermont.gov/for-providers/preferred-drug-list-clinical-criteria>.

## **Drug Coverage Lists**

The Over-the-Counter (OTC) Drugs list has been updated effective 08/17/2015 and can be found at <http://dvha.vermont.gov/for-providers/drug-coverage-lists-1>.

## **Email Distribution List**

The DVHA Pharmacy Unit would like to provide an alternative option to providers in addition to Fax Blast and U.S. postal mailings. If you would like to take the opportunity to receive notifications and newsletters from us via email please forward your email address, name, pharmacy and/or provider office you work with along with phone number to Carrie Germaine at [carrie.germaine@vermont.gov](mailto:carrie.germaine@vermont.gov).